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ORIGINAL COMMUNICATIONS.

THE MICROSCOPICAL STUDY OF BLOOD AND EPITHELIUM.

A Communication to the Biological and Microscopical Section of the Academy of Natural Sciences.

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(Continued from page 327.)

IN the nucleated oval corpuscles of the frog and newt, the nucleus comes at first more prominently into view, in contrast with the swollen paler periphery. Later, however, it also becomes swollen, smooth, and fainter.

Rollett, in Stricker's Histology,* calls attention to a structure which becomes developed in the elliptical corpuscles after the cautious addition of water. "The still ellipsoidal corpuscle is bounded by a perfectly smooth contour-line, but the place of the nucleus sometimes appears to be occupied by a colored spheroid, whilst in other cases numerous processes radiate from the ball towards the contour-line, becoming pointed peripherally." These forms, according to Kneuttinger, are obtained when fresh frog's blood from which the fibrin has not been removed is mingled with three or four times its volume of water, and an examination is shortly afterwards made of the resulting gelatinous mass.

In the instance of the colorless corpuscle the addition of water is also attended by some imbibition and swelling of the cell, though this effect is much less marked than in the colored disk. The most marked effect is upon the granular matter and nuclei. According to Rollett,† the granular material contracts "around the nucleus," and only remains "connected with the surrounding parts by means of a few anastomosing processes." Whatever the precise changes may be, the granules finally disappear from the periphery and even close up to the nuclei, which become more distinct by contrast with the surrounding apparently empty space.

The nuclei themselves also at first swell, but finally, after considerable intermediate change of form, shrink up and become actually smaller.

3. The action of *watery vapor* is similar, and is easily practised by affixing a putty ring to a glass slide, and placing a drop of water in the chamber thus formed. The object to be examined is attached to the lower surface of the covering-glass, which is then brought down upon the ring of putty and carefully pressed in position. Some care must be taken in graduating the quantity of water, since, if too much be used, the under surface of the thin glass becomes covered with moisture; and if too little be used, the drop becomes dry before it is influenced by the vapor.

4. The action of *dense solutions*, as of neutral salines which do not precipitate the contents of the corpuscle, such as common salt, sulphate of soda, muriate of ammonia, borax, and others, as well as of simple syrup, should be observed. In consequence of their density, a current is established in the opposite direction from that induced by the water as a rarer fluid; hence the peculiar shape of the red disks is rendered more distinct; they become more biconcave, wrinkled, crenated. In the colorless corpuscles, by the action of these solutions, the nuclei also slowly become more distinct.

5. *Dilute acetic acid*, say a twenty per cent. solution, is a reagent much used. Its action on the human blood-corpuscle is similar to that of water, but very much more rapid. Under its influence the non-nucleated red disk swells up, becomes spherical, and finally loses its color, and, as described in the case of water, becomes almost and in some instances quite invisible.

On the colorless corpuscles, likewise, the action of acetic acid is similar to that described as due to the action of water, but more rapid.

On the nucleated oval corpuscle of the frog and newt acetic acid causes a beautiful staining of the nucleus with the coloring-matter of the blood, while a precipitate is apt to occur in the surrounding colorless substance.

6. *Alkalies* in sufficient concentration exert a solvent action upon both the red and the colorless corpuscles, causing their total disappearance, as is to be expected, since albuminous matter is soluble in alkalies.

In very dilute solutions their action, for the same reason, is not unlike that of acetic acid, swelling up the red corpuscles, making them spherical, and removing the coloring-matter, while in the colorless corpuscles the nuclei become more distinctly defined. In the action of the stronger solutions upon the nucleated oval corpuscles of amphibia, the nuclei are the last to disappear.

7. *Boracic acid*, two per cent. solution, has the same action as acetic on the human blood-corpuscle. On the nucleated oval red disks it has a peculiar influence, first investigated by Brücke. The most conspicuous effect—described by Klein as a "coagulation of the hæmoglobin in the nucleus"—consists in an intense coloration of the latter at the expense of the coloring-matter of the remainder of the corpuscle, which becomes pale or completely colorless. The same is said by Brücke to occur on the addition of a two per cent. solution applied to corpuscles dried on a slide, but has not been repeated by us. Moreover, this effect also occurs when, through the action of water, freezing, or electricity, the corpuscles have yielded up their coloring-matter to the serum, from which the coloring-matter seems again to be precipitated about the nucleus.

The boracic acid solution also, as in the case of water, and acetic and other dilute acids, causes the corpuscle to swell up, become ellipsoidal, and even spherical, the nucleus being often eccentrically situated; while Brücke has even seen the corpuscle discharge its nucleus under the action of this acid.

* New Sydenham Society's ed., vol. i. p. 396.
† Op. cit., vol. i. p. 58.

8. *Tannin*, in two per cent. solution, produces a striking effect on red corpuscles, coagulating the hæmoglobin of the human disk into a knob-like mass. In the oval nucleated corpuscle of the frog a similar effect is produced, but the hæmoglobin is also coagulated about the nucleus, as with boracic acid.

9. Striking and beautiful effects are produced by the action of *carbonic acid*, as first demonstrated by Stricker, and may be studied without difficulty by accurately observing the following plan, derived from Dr. Klein in the Brown Institution, London. If Stricker's gas stage is not at hand, one may be extemporized in the following manner. On an ordinary glass slide is placed a ring of putty; along the middle of the slide, extending from just within the putty wall, and perforating it, to a short distance beyond its edge, is attached a piece of fine glass tubing with a lumen of one-eighth to one-fifth of an inch. The tube is made to project beyond the edges of the slide, in order that a piece of rubber tubing of appropriate calibre may be slipped over it and attached to the gas-producing apparatus. At a point, however, between the edge of the slide and the gas-generator a T-shaped tube is introduced, the horizontal portion of which lies in the axis of communication between the wash-bottle and the slide, whilst the leg of the T is directed towards the observer (see Fig. 2 of the Introduction to Stricker's Histology). To this also is attached a long rubber tube, the end of which is placed between the teeth of the observer. The chamber, being constructed, is attached to the gas-generator of Stricker (see also same cut). The latter consists of a flask of dilute sulphuric acid attached by a rubber tube to another containing small fragments of carbonate of lime, which is in turn connected with a wash-bottle, communicating by means of the rubber and glass tubing with the interior of the gas-chamber. It is evident that the generation of gas may be started or discontinued at pleasure by changing the level of the acid-bottle above or below that of the bottle carrying the carbonate of lime.

The apparatus being thus prepared, to—1. *a small quantity of human blood* on a glass slide is added *a relatively large quantity of the indifferent salt solution.* The two are mixed, and a drop of the mixture is placed on a circle of thin glass, which is then placed drop downwards over the putty ring, the chamber placed on the stage, and watched until the corpuscles begin to appear crenated. The end of the tube between the teeth is closed, and a current of carbonic acid is passed into the cell by simply permitting the access of the acid to the carbonate of lime. *The crenated appearance promptly disappears.*

2. Take a *small* quantity of the blood of the frog or newt, and add a relatively *small* quantity of water, so that the disks become swollen but retain their color. Examine this blood, as before, in the gas-chamber. *No nuclei will be visible.* Allow carbonic acid to enter from the apparatus, and the *nuclei reappear.*

3. To a *small* quantity of the newt's or frog's blood add a relatively *larger* quantity of water than in (2), so that the corpuscles are much swollen but the color remains and the nucleus is visible. On the admission of carbonic acid the hæmoglobin *coagulates in the nucleus, coloring it decidedly.* If now by means of a clip on the gum tube the access of CO_2 be cut off, and the observer aspire through the tube in the mouth communicating with the T-shaped tube, the coloring (hæmoglobin) returns to the body of the disk, leaving the nucleus again uncolored.

4. To a small quantity of newt's blood add a *large* quantity of water, so as to remove all the color from the corpuscles. Then permit the access of CO_2, when a *precipitation of granules of paroglobin takes place* in the substance of the corpuscle. Now let the observer cut off the access of CO_2 by the clip, and aspire through the prolonged T-shaped tube to remove the CO_2, and *the homogeneous colorless appearance of the disk is again restored.*

The preparation of *hæmin-crystals* is a much simpler matter than is commonly supposed. A drop of human blood is placed upon a slide and allowed to dry. A little of this is scraped off, placed upon a second slide, a few particles of common salt added, and covered. Two or three drops of glacial acetic acid are then allowed to pass under the thin glass cover. The slide is heated for a few seconds over a spirit-lamp (until a few air-bubbles appear is sufficient), and examined by the microscope. Hæmin-crystals will be found.

EPITHELIUM.

Ciliated epithelium may be obtained for examination by scraping the back part of the tongue or throat of the frog or toad, and should be examined in the salt solution. Thus mounted, the ciliary movement may be studied for hours.

Ciliary motion having ceased, it may be temporarily restored by the addition of any reagent, as water, solution of potash, acetic acid, carbonic acid, etc. This temporary restoration of the movement is, however, simply the result of currents induced by the liquids thus added, as will be plain a few minutes later, when, coming into *actual contact* with the cells, they *promptly cause cessation of the ciliary movement.*

In a preparation thus made, some cells will be seen to be very much more granular than others. Any cylindrical epithelial cell from mucous surfaces may become thus granular by the addition of water, chromic acid, and other reagents; pressure, and, therefore, accident, may induce them. Certain of these cylindrical epithelial cells thus acted upon by water should be further carefully watched; eventually hyaline spherical knobs appear, apparently coming from the anterior edge of the cell. Finally liberated, they leave the cell whence they are derived, with a concavity, whence it is termed a "goblet cell." These goblet cells are considered by some as peculiar mucus-forming cells; but, for the reason just given,—that any epithelial cell from these sources is liable to take this shape,—they are justly denied by Klein to possess any such special function.

If it is desired to preserve epithelium for study, portions of the fresh tissue may be taken from different localities, as the trachea, tongue, intestine, bladder, etc., and washed in a very dilute solution of chromic acid, say one-eighth to one-fourth per cent. They may then be kept for a long time in a solution of one-eighth per cent. strength, for a longer time in a strength of one-tenth per cent., and if it be desired to keep them for a short time only, a strength of one-half per cent. may be used.

1. Columnar epithelial cells including ciliated cells may be obtained from the trachea of the rabbit.

2. Pavement-epithelium from the tongue of the rabbit, and among these "ragged cells," or "riff cells" (Riefezelle, Stachelzelle).

3. Pavement and club-shaped cells (intermediate forms) from the urinary bladder of the rabbit. The excavated under surface of the former, into which the latter fit by their upper convex extremities, should be noted.

4. Columnar epithelium from the stomach of the rabbit.

5. Columnar epithelium on the villi of the small intestine of the rabbit; the pale striated rim on the free border should be looked for. These striæ, which can only be satisfactorily studied with the higher powers particularly of the immersion system, are generally acknowledged by histologists to be due to delicate porous canals which perforate the seam.

They are best shown in *fresh* preparations from the intestine of cats and dogs, mounted in serum.

6. The epithelium from the fresh intestine of the rabbit should also be examined after feeding the animal, with a view of detecting oil-globules in transit through it.

ANILINE-POISONING FROM A CRIMSON NECK-HANDKERCHIEF.

REPORTED BY JOSEPH G. RICHARDSON, M.D.,

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WITHIN the last few years a number of communications have appeared in one or more of the British medical periodicals in reference to the cutaneous irritation set up by articles of clothing, such as socks, gloves, shirts, etc., colored with aniline, and some of its analogues among the brilliant dyes indirectly obtained from the destructive distillation of coal; but, so far as I am aware, no instances of like nature have hitherto been reported in any of our own medical journals.

Such being the fact, I presume many readers will feel interested in the observations made abroad upon the subject, which are concisely summed up by the editors of the *Medical Times and Gazette* (London, August 7, 1869) in the following remarks:

"The facts known about it are few and striking, but by no means clear. There is no doubt that some persons who have worn silk socks dyed with sundry brilliant colors have suffered from severe irritation of the skin, peculiar redness, vesication, intense pain, and general illness. The affected patches of skin have corresponded exactly with the colored portions of the socks; and of all the colors red and scarlet have proved the most severe in their effects. The socks have been washed and the color has been washed out, but still, we are assured, the irritating qualities have remained."

Again, in commenting upon the report of a committee appointed to investigate the subject, the editors observe, "One gentleman, who was unable to attend to his business (on account of suffering from colored socks), and was absent from home and under medical care for more than six months, is said to have forwarded to the committee a list of eight physicians of eminence whom he consulted, and of whom three pronounced the cause of his illness to be 'poverty of blood;' three called it secondary 'enthetic' disease, spite of the patient's denial that he had ever had primary disease of the kind; one called it indigestion; and one said it was a 'skin affection,' which last diagnosis was indisputable. We need not be too sensitive to the ridicule attaching to such diversities of judgment, but we may take the hint that new causes ought to be suspected and looked for when we meet with new and unusual symptoms."

This description of the facts in aniline-poisoning as noted by English physicians closely accords with the phenomena met with in the case I am about to detail:

J. B., a farmer, 74 years old, residing near Darby, in the vicinity of Philadelphia, came under my care in the out-patient department of the Pennsylvania Hospital, January 27, 1873. His neck, face, and head were much swollen, and displayed an erysipelatous redness, which was accompanied with intense smarting and burning pain, so severe that for more than a month he had been unable (according to his own account) to sleep at night. On investigation I found that the attack had first made its appearance about seven weeks before, in the form of an eruption of "little water blisters" upon the sides of the neck and on the chin below the angles of the mouth, from whence it had spread to the extent above mentioned. Soon after the disorder commenced, he had consulted a neighboring physician, who inquired when he had been in the woods to get poisoned, and had prescribed for him a wash of sugar of lead, from which, however, he derived no benefit. Finding the patient had never been subject to poisoning from Rhus toxicodendron before, and deeming the starting-point of this disease an unusual one for such a malady, I was led to doubt the accuracy of his medical adviser's diagnosis, and on further questioning I learned that two weeks before the affection first appeared he had commenced wearing a silk neck-handkerchief, newly dyed of a crimson color, which I at once requested that he would bring down to the hospital and show me on his next visit. On examining the handkerchief I immediately recognized the brilliant hue of red aniline with which most microscopists are so familiar; but, in order to determine the point beyond all doubt, I tested a small portion of the stuff as recommended by M. Tardieu in his memoir upon the subject, namely, by first boiling the suspected tissue in strong alcohol, when the spirit became of a bright-red color, whilst the fabric was partly bleached in the process, and afterwards by adding ammonia to the tincture thus prepared, which, by rapidly decolorizing the fluid, demonstrated that the cause of all this mischief was aniline, and not coralline.

The treatment consisted in the liberal application, upon soft linen rags, of slippery elm mucilage (which he subsequently stated was the first thing that gave him any relief), and in the administration of a mixture composed of

Morphiæ acet., gr. j;
Spt. ether. nit., fʒss;
Potass. bromid., ʒj;
Aq. menth. pip., fʒiijss;
Syr. zingiberis, fʒij,

of which a tablespoonful was given every four hours, as required, to allay the pain, fever, and restlessness at night. Under these remedies the disease rapidly yielded, and on the 10th of February he very gratefully reported himself cured.

The lessons taught by this case seem to be—in the first place, that, in addition to the aniline-poisoning heretofore recorded as occurring upon the hands, feet, and thorax, we are liable to meet with examples of cervical irritation caused by wearing neck-handkerchiefs colored scarlet with this noxious dye; and secondly, that our patients who are supposed to be suffering from the effects of "poison ivy" or "poison sumach" must be carefully questioned not only concerning the ordinary eruptive diseases, but also in regard to possible contact of their integument with fabrics impregnated with the aniline colors, if we wish to avoid mortifying blunders in diagnosis and in treatment.

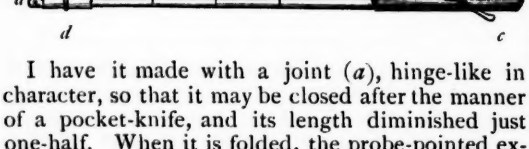
No. 1620 Chestnut Street, February 10, 1873.

A COMPACT UTERINE SOUND.

BY HENRY E. WOODBURY, M.D.

I DESIRE to bring before the profession my modification of the present uterine sound, which renders it far more compact and convenient for carrying in the pocket. My attention was directed to this subject from the fact that, on two different occasions, I lost the long sound from my pocket in going to or coming from my patient's house.

The ordinary long sound is a very formidable-looking instrument to the patient, and liable to be lost by slipping out of the pocket. Both of these objections to it are obviated by my improvement, I think, and the cost of the instrument is not much enhanced.



I have it made with a joint (*a*), hinge-like in character, so that it may be closed after the manner of a pocket-knife, and its length diminished just one-half. When it is folded, the probe-pointed extremity (*c*) is passed through an opening in the handle (*b*), made for the purpose, and thus retained *in situ*. The slide should be about seven-eighths of an inch in order to fix the joint.

To prepare the instrument for use, we disengage the point (*c*) from the opening (*b*), and, straightening the sound, keep it in position by means of the slide (*d*).

I think that this brief description will commend my improved sound to the profession as a far more compact and convenient instrument than that in common use. The ordinary sound may be altered to this form, by introducing the joint and slide, at a small expense.

Charles Fisher, surgical instrument maker, 424 Seventh Street, Washington, D.C., manufactures the improved sound.

Washington, D.C., November 15, 1872.

TRANSLATIONS.

VON OPPOLZER'S LECTURES ON DISEASES OF THE ŒSOPHAGUS.

Being the latter portion of the first part of the second volume of Oppolzer's Vorlesungen über specielle Pathologie und Therapie, Erlangen, 1872.

Condensed from the German of Dr. Emil Ritter von Stoffella,

BY DR. J. SOLIS COHEN.

IV.

DILATATION OF THE ŒSOPHAGUS.

DILATATION of the œsophagus may involve the entire length of the œsophagus, or its greater portion,—*complete or general dilatation;* or it may be partial, confined to a more or less short section, in which case the œsophagus may be dilated in its entire circumference,—*sacculated dilatation;* or one wall only may be dilated, producing a transformation into a circumscribed lateral pouch,—the so-called *diverticulum.* In cases of the latter kind, as a rule, all the coats of the œsophagus are not involved in the dilatation, the pouch consisting of the mucous membrane pushed hernia-like between the muscular fibres, and covered with the external connective-tissue envelopes of the œsophagus.

General and complete dilatation of the œsophagus is usually due to traumatic causes, as a fall or blow upon the back or the breast; or to constriction of the cardiac orifice of the stomach; or to a protracted œsophagitis. Oppolzer has seen it follow the treatment of gout by the copious drinking of warm water. In some cases no ostensible cause can be determined.

Sacculated dilatation of the œsophagus is usually due to constriction of the tube; sometimes to the retention of a foreign body. Occasionally it is observed as a congenital anomaly.

Pouch-like dilatation of the œsophagus, or a *diverticulum*, may be produced by the detention of a foreign body in the folds of the mucous membrane, and the subsequent pressure of this body more and more deeply into the walls of the œsophagus by the food in swallowing, so that it spreads the bundles of muscular fibres asunder and forces the mucous membrane through them in a sort of hernia-like protrusion. Sometimes the diverticulum is produced by the drawing out of the mucous membrane during the shrinking of some previously enlarged tracheal or bronchial glands which have contracted adhesions to the parietes of the œsophagus. In such cases, Rokitansky says, "the glands draw the wall of the œsophagus out into a sort of funnel, from the point of which the muscular investment gradually retreats, so that finally a diverticulum of the mucous membrane is formed, the originally wide orifice of which becomes constricted in consequence of this production of a fleshy margin." Accidents, also, sometimes give origin to the formation of a diverticulum, in the rupture

of some bundles of the œsophageal muscles by a heavy blow, or in their fatty degeneration as a sequel of paralysis following exudation into their substance.

Complete dilatation of the œsophagus, in rare instances, has reached a size sufficient to admit the passage of a man's arm in the interior. General dilatation of the œsophagus is usually connected with muscular hypertrophy, rarely with atrophy of the walls. In many instances there are ulcerations, and even eschars, on the surface of the mucous membrane.

Sacculated dilatation is also usually associated with hypertrophy of the muscular coat. It gradually diminishes in an upward direction, so that a vertical sac is produced, the lower orifice of which is the smaller. If the sacculated dilatation is not due to stenosis, its seat will usually be immediately above the diaphragm.

The diverticulum of the œsophagus is usually formed in the neighborhood of the inferior constrictor muscles of the pharynx, or else in the region of the bifurcation of the trachea, and its position is between the œsophagus and the vertebral column. It communicates with the œsophagus by a round or slit-shaped orifice of variable size. In some cases it draws the œsophagus out of the normal line of its axis, and forms a sort of blind continuation of the gullet, into which the food passes instead of continuing down the tube; so that the patient may become starved to death by this interception of the food on its way to the stomach.

Sometimes several of these dilatations exist, and, if they acquire considerable size, they may, according to Rokitansky, become imbedded in the lungs. Finally, in some instances, a vulnerating body, as a splinter of bone, may become confined in the diverticulum and be productive of inflammation, ulceration, and mortification; the contents of the diverticulum becoming discharged either into the adjacent and adherent lung-tissue, into one of the bronchi, or into the pleural sac; developing pneumonitis, or pleuritis, or mediastinitis, with termination in suppuration, etc.

The *symptoms* of moderate dilatation of the œsophagus, apart from auscultatory phenomena, have nothing marked about them; and, as the condition is usually dependent upon pre-existing stenosis, the symptoms of constriction are those to which attention will be directed in the first instance. If the upper portion of the œsophagus is intact, there will be less difficulty of deglutition than otherwise, because the muscular fibres in this portion of the organ are under the control of the will, and voluntary efforts can therefore still be made to impel the bolus through the dilated portion below.

If there is complete dilatation, there will be no complaint of dysphagia as long as the contractile power of the œsophageal muscles is unimpaired; but if the dilatation leads to paralysis, then deglutition will become more and more difficult, and the dysphagia will finally culminate in utter inability to swallow. If the œsophageal sound be introduced in such a case, it will not strike against any obstacle; on the contrary, in well-marked cases it can be moved about in all directions with great freedom.

Sacculated dilatation of the œsophagus being almost always due to stricture, symptoms of constriction are its most prominent indications. Food remains longer in the œsophagus, and in greater quantity, before regurgitation takes place, than in cases where there is stricture without dilatation. This retention of food, and its partial decomposition, impart a foul odor to the breath. If the dilatation is high up and of considerable dimensions, it may produce a tumor in the neck, visible externally, which enlarges after the entrance of food and drink, and subsides upon the discharge of its contents. If the dilatation exist behind the trachea, it may produce dyspnœa by its pressure; and it may be so situated as to exert compression upon the cervical vessels and thus provoke congestion of the lungs, which, as in Hannay's case,* may suddenly terminate the patient's life by suffocation.

The *auscultatory evidences of dilatation* are, according to Hamburger's researches, as follows. If the œsophagus is only moderately dilated, it is observed that the bolus does not assume the pointed form at its lower portion, but is rounded and broadened off, so that it is rather of the form of an inverted funnel. "If the loss of energy of the fibres increases, the bolus no longer retains its inverted-funnel-shaped form, but is elongated into a trickling stream coursing down the œsophagus. The force of this stream depends upon the condition of the upper third of the œsophagus. If this is healthy, the stream is pretty thick, and it is driven through the diseased lower portion with tolerable rapidity. If the muscular energy in the upper third is impaired, then a slow thread-like trickling is heard. If there are circumscribed but circular enlargements, a sprinkling of the fluid bolus, as it strikes the resistances, is distinctly audible along their entire length, similar to the deflection of rain driven by the wind. By the aid of this sound one can judge of the various dimensions of these dilatations."

The symptoms produced by a diverticulum are, in many respects, similar to those attending the sacculated dilatation. If it exists in the upper part of the neck, and is of considerable size, it may be recognized externally, as a tumor, soft to the touch, reducible to a certain extent by pressure, enlarging after a meal, and subsiding after the subsequent regurgitation. There is also a foul breath, much more offensive than in the other variety, because regurgitation, as a rule, does not take place until twenty-four hours, or longer, after the entrance of food. It may likewise give rise by compression to attacks of dyspnœa, and other disturbances of respiration and circulation. If it have acquired considerable bulk, it may even press laterally against the œsophagus itself to such an extent as to compress its walls to that degree as finally to prevent the passage of food into the stomach. In such cases there is less complaint of dysphagia than there had been previously, because the diverticulum can now contain a greater amount of food. In spite of this relief to the dysphagia, inanition progresses rapidly, and the patient soon dies of marasmus. If the diverticulum is small, and does not enlarge, the life of the affected individual will remain unthreatened, from this cause, for years.

Hamburger had had no opportunity of observing the auscultatory phenomena accompanying a diverticulum up to the time his researches were published; but he expressed the opinion that important aids to diagnosis could be furnished in this way, by noticing the direction taken by the swallowed bolus, and the gurgling which would accompany the entrance of fluid into the diverticulum.

The *diagnosis* of slight degrees of complete dilatation of the œsophagus must rest entirely on auscultation; while, if of considerable dimensions, the introduction of bougies would confirm the diagnosis, for reasons already mentioned.

The diagnosis of sacculated dilatation, in the presence of a stricture, would not be made until the arrival of the period at which food is regurgitated; in addition to which, on ausculting the act of deglutition during the swallowing of a fluid bolus, we should recognize a sprinkling at a circumscribed point. If high up, and

* *Edinburgh Medical and Surgical Journal*, July, 1833.

large, there might be a tumor visible externally. The œsophageal sound is only very seldom of diagnostic value in this form of dilatation, especially when it exists low down.

The diagnosis of a diverticulum, when of moderate size, rests upon the changeable increasing and diminishing pressure on one side of the throat or the other occurring between each meal and its regurgitation. There may also be a tumor externally. If the diverticulum is small or situated low down, there are no evidences of tumor in the neck; there is, however, a characteristic dysphagia which permits the patient to swallow easily and frequently, but is accompanied by a retention of the food at a certain point, and a tendency to rumination; though too much weight must not be given to the rumination, as it may occur under other circumstances. The explorative use of bougies is very important. If the end of the instrument passes through a more or less contracted opening into a cavity which admits of no farther progress of the instrument, there is no doubt as to the diagnosis of diverticulum of the œsophagus. If the sound passes directly into the stomach without meeting with any obstruction, it is no evidence, however, that a diverticulum does not exist, for the instrument may have slipped past the entrance of the diverticulum without engaging in it.

A *differential diagnosis* is necessary to decide between the existence of a sacculated dilatation or a diverticulum, and between either of these conditions and a peri-œsophageal abscess. An error of the latter nature could only occur when the abscess was in the upper portion of the œsophagus, inasmuch as a superficial examination of the tumor in the neck which would be produced by the development of an abscess might lead to its being mistaken for the tumor of a dilatation. Pressure upon the tumor would force pus into the mouth in case of abscess, and mucus and masticated food in case of dilatation. Sacculated dilatations usually follow stricture, and are generally formed immediately above its seat. Therefore a sound, after passing through the dilated portion of the œsophagus, would encounter constriction, which would not be the case with a diverticulum; while, as Hamburger has shown, auscultation would reveal the "sprinkling" within the dilatation on deglutition, an occurrence that cannot take place with a diverticulum.

The *prognosis* depends on the cause of the dilatation and the extent of its development. If the cause is not in itself fatal, and the dilatation is slight and stationary, the life of the patient is in no danger, whether the dilatation be complete, sacculated, or pouch-like. In addition to this, much will depend on the condition of the œsophageal muscles and the position of the dilatation.

TREATMENT.

If the cause of the disease can be remedied, efforts for the removal of the cause would form the most important element in the treatment. In case of a complete dilatation occurring during the course of a chronic œsophagitis, we must endeavor to cure the existing inflammation; or in case of a sacciform dilatation following stenosis, we should treat the stenosis; and so on. Unfortunately, we are rarely able to follow out the causal indications, and must content ourselves with freeing the œsophagus, by the introduction of the sound, whenever that tube is clogged up with ingesta; and nourishing the patient by artificial means, as by the stomach-tube or enemata, when the dysphagia is complete. If a diverticulum exist, it is advisable to administer nourishment through the stomach-tube, and thus prevent accumulation of food in the sac, without waiting until utter inability to force food voluntarily into the stomach has occurred; but it is a proceeding requiring so much resignation on the part of the patient that it is very seldom submitted to, though, by avoiding the enlargement of the dilatation by retention of food in it, it offers the best chance of a cure.

Any direct means of combating the dilatation, at least of the complete and sacciform variety, does not exist in the present state of our scientific knowledge; and the most that we can hope for is to be expected from the use of strychnia and electricity, from the resort to which in cases of complete dilatation of traumatic origin, some direct remedial influence, trifling though it may be, can be reasonably expected.

The diverticulum will probably be rendered amenable to topical measures before the other varieties, because it is usually met with in the cervical portion of the œsophagus, and is therefore more accessible to manipulation. Hamburger has suggested an operative procedure for its removal, without, however, ignoring the danger of pyæmia and descent of pus into the mediastinum during the healing process; but, taking all the attendant difficulties of the operation itself, and the administration of nourishment afterwards, into consideration, Von Oppolzer is of the opinion that it would require no ordinary heroism to incur the responsibility of such an operation.

ON VERSION BY THE FEET IN CASES OF CONTRACTED PELVIS (*Centralblatt für die Med. Wiss.*, Dec. 21, 1872; from *Archiv für Gynækol.*, 1872, iv. Heft 2).—S. Borinski gives a résumé of the labors in three hundred and sixty-seven cases of contracted pelvis, observed in the gynæcological clinic at Breslau from August, 1865, to February, 1872, and seeks, by comparing the results of turning with those of all other modes of proceeding, to throw some light on the question of the propriety of that course. The experience at Breslau is against it, since of ninety-three children delivered by version only thirty-four lived; thirty-nine died during or soon after birth (twenty were already dead), nine of whom were killed by perforation; while of three hundred and twenty-two children born by the head only ninety-four died. According to the tables appended, which registered only forty-five cases of version, the relation is the same, the head-presentations having 29.2 per cent., the versions 53.3 per cent. of the dead children. Of the mothers, fifteen died after version, but only three, seemingly, in consequence of the operation. From these statistics the author takes ground against turning as a prophylactic measure, and would limit its employment to urgent and complicated cases. Only in very extraordinary anterior or posterior vertex-positions should it be resorted to. In two cases of asymmetrical pelvis the head passed the shorter diameter easily after turning, while previously it had been arrested in the longer. In repeated deliveries in the same women, changing to head or pelvic presentations, the results were quite contradictory. In prolapse of the cord or of a hand the reposition was generally accomplished with success, only failing once, and even face-presentations came right; while in seven cases of the latter kind in which version was resorted to, five children died.

EXTRACTS IN POWDER (*Boston Medical and Surgical Journal*).—It is sometimes very desirable to administer the solid extracts (say *extract of hyoscyamus*) in the form of a powder.

All such extracts may be reduced to fine powder by patiently rubbing them (say two or more hours) in a mortar with an equal quantity, by weight, of calcined magnesia.

Extract of gentian yields the slowest to this manipulation.

PHILADELPHIA

MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, MARCH 1, 1873.

EDITORIAL.

NOT BIGOTRY.

SOME weeks since, we quoted some remarks made by Dr. Cox, formerly a Vice-President of the American Medical Association, at a reception given to the American Institute of Homœopathy in Washington, and expressed the hope that the former body would, at the earliest opportunity, cause his name to be erased from its list of members. The *New York Medical Review*, a journal claiming to "support the fundamental principles of rational eclecticism," thinks that what we said shows "the spirit of bigotry and proscription which actuates and controls most of the institutions and journals of the old or allopathic school." It then goes on to accuse us of denying to homœopathic practitioners any professional rights, and says, "What then is the unpardonable sin that contaminates even by association with them? Why, simply, difference of opinion in therapeutics: that is all. The homœopath thinks an infinitesimal dose of mercury, arsenic, or charcoal sufficient, while the allopath holds to their use in heroic doses."

Perhaps it is hardly worth while to take any notice of statements so easily disproved; and yet we feel as if silence would be construed into admission of the charges. We must say, then, once for all, that no honorable physician would think of treating unprofessionally a man claiming to practise on the homœopathic system, although consultation with him is out of the question. This latter is impossible, since in the first place there is no common ground for them to occupy in discussing any case, and secondly, the Code of Ethics justly says that "no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry." When Dr. C. C. Cox rejoiced to find himself at a meeting of homœopathic doctors, he trampled under foot this just principle,—one of the fundamental laws of the Association of which he had been an officer,—and knowingly violated one of the conditions of his membership in that body. He must have been well aware that he was the guest of those who spared no occasion to vilify and misrepresent the principles and practice of scientific medicine,—of those who in the same breath accuse "allopaths" of bleeding, blistering, and purging patients to death, and complain that they themselves are "ostracized."

The American Medical Association owes it to itself to expel this traitorous member, whose defenders are eclectics,—a fact which strengthens the case against him.

SHALL WE HAVE A CHANGE?

WITHIN three months the annual meeting of the American Medical Association will be held; and as yet we hear no note of preparation towards a change which shall make that body more truly representative of the profession at large in this country, and give it a more authoritative position in regard to the various matters calling for its control. We would again urge the importance—the necessity—of such a change. As long ago as last September, we brought forward the plan proposed by the *Boston Medical and Surgical Journal*, which then, as now, seemed to us to offer great advantages. And we now repeat our appeal to Drs. Gross, Logan, Yandell, Sayre, Davis, and Baldwin, to take the initiative in advocating, before the Association, either this plan or some modification of it. As matters stand at present, there is not a single one of the legitimate objects of such a convention which is accomplished. No other body of men in the United States would be satisfied with such "representation." Let us either have a properly constituted Congress, endued with some powers, and with machinery suitable for their exercise, or let us dispense with the whole concern, abandon all attempt at professional union, and fall behind our age.

A NEW LYING-IN HOSPITAL.

MANY of our readers may be unaware of the existence, in this city, of a State Hospital for Women and Infants, for the benefit of patients in the middle and poorer classes, and of those who would otherwise be compelled to seek refuge in the obstetrical wards of the Almshouse. As yet, this charity is in its embryo stage, having but fifteen beds at its disposal; but it is one which must strongly appeal to every generous heart, and which we believe will meet with abundant and substantial support from the community.

An excellent organization of governors and medical staff has been effected, and a beginning made at No. 1718 Filbert Street. Subscriptions and donations may be sent to Dr. E. L. Duer, Treasurer, 1704 Arch Street, who will also give any desired information as to the plan, etc., of the institution.

CORRESPONDENCE.

THE MEDICAL SCHOOL AT VIENNA.

To the Editor of the Philadelphia Medical Times:

FOREIGN medical schools present strong attractions to the graduate of an American college, from the prominence given in them to clinical teaching; and that university which affords the most extended privileges in this direction will always be visited by the greatest number of strangers.

Vienna possesses peculiar facilities for the practical study of disease, so that its advantages are still predominant even over the lustre of such a name as Virchow's. The seat of the lectures of the University of Vienna is in the General Hospital of that city, situated in the Alservorstadt. It is located on a large square-shaped piece of ground, around and through which the hospital buildings are erected, enclosing in this manner a number of court-yards, or "höfe," that are ornamented with fountains, trees, and flowers. They number perhaps twelve.

The lecture-room of each Professor is situated in the midst of the wards devoted to his peculiar province, which is important in providing for the thorough illustration of his lectures. The courses of instruction given by the Professors, however, less resemble lectures than collections of desultory remarks on the cases that happen to be before them. Professor Sigmund, indeed, delivers his lectures in one of his wards that is filled with patients.

Arrangements are made so that every student may acquire a practical knowledge of parturition in its normal progress and of the accidents to which it is liable. In Prof. Carl Braun's wards there are four thousand births annually. When labor commences, the patient is transferred to the parturient ward, where twelve students, who are changed daily, are in attendance. They are under the supervision of three midwives. If the student have taken five weeks' practical instruction with Prof. Braun's first assistant, he is privileged to perform any of the operations that a difficult or impossible labor may require.

Prof. Meynert delivers an excellent course of lectures on nervous diseases and mental disorders at the Asylum for the Insane, a short distance from the General Hospital. He is more systematic in his course than most of the other Professors, rather illustrating his lectures by cases than attaching remarks in a hap-hazard way to the cases that are at hand.

Prof. Hebra's wards form a complete museum of skin-diseases.

A peculiarity of this university is the number of its private courses. They are given, generally, by the assistants to the Professors. These private teachers, or "Docenten," as they are called, form an important part of the university, and they have their names and other information concerning them embodied in the official catalogue issued at the commencement of every semester. Of these there are two yearly. One commences about the middle of April and ends in the early part of July, the other commences in October and ends in the following February. The energetic private courses continue, however, during the vacations. A private course lasts from four to six weeks, and, after terminating, in most cases immediately recommences. The subjects treated of embrace every branch of medical knowledge. The following list has been deeply impressed on my mind by an earnest study of the hieroglyphs on the bulletin-board at the entrance of the hospital: laryngoscopy and rhinoscopy, the use of the ophthalmoscope, diseases of the eye, diseases of the ear, nervous diseases, medical electricity, the use of the microscope, skin-diseases, percussion and auscultation, diseases of children, general pathology, surgical operations, urinary sediments chemically and microscopically considered. All of these subjects, and others, are exemplified with a copiousness of illustration to which we are strangers. By the concentration within the walls of the same building, of all these subjects of information, time may be economized, so that every hour in the day, from seven in the morning until seven in the evening, may be profitably employed.

In general pathology, however, this school is far behind that of Berlin. Prof. Rokitansky, who still holds this chair, has such an indistinct delivery that it is impossible for foreigners to follow him.

The opportunity that exists in Berlin, for combining Prof. Virchow's theoretical instruction with the practical study of morbid specimens, confers great advantages on this university in the teaching of general pathology.

For the study of the specialties, or for acquiring a practical acquaintance with general medicine, the University of Vienna, from its numerous private courses and its convenience of location, affords unequalled advantages.

In addition to the above-mentioned opportunities for

study, students are allowed to make the morning and evening visits with the Professors, if they choose. Few, however, avail themselves of this privilege; for without it enough cases are seen.

Students must, perforce, conform to the Vienna mode of life. Every one dines and sups at a restaurant. Breakfast is generally taken in one's own room. This meal, contrary to the American custom, is a very light one, consisting, for a well-regulated "Wiener," of a "mélange," a mixture of coffee and milk, and a breakfast-roll. An egg or two is an allowable addition. Any one on one hundred dollars a month can live comfortably and pay all his college expenses, if he has a mind so to do; and in six months, provided he already possesses a reasonable knowledge of German, he can acquire a most gratifying amount of practical information and manual skill in the employment of the instruments of the specialists.

The application of the above remarks on expense will be annulled during the great "Welt-ausstellung" that takes place this year.

It is said, on good authority, that the summer course of the university will be omitted this year, for such a great increase is anticipated in the rent of rooms and in the cost of the necessities of life as to place them beyond the reach of the average German student.

Every "Wiener" intends to make his fortune out of the crowd of Americans and English who are expected to fill the city during the exposition.

ABEL F. PRICE, M.D.,
Assistant-Surgeon U.S.N.

PROCEEDINGS OF SOCIETIES.

BIOLOGICAL AND MICROSCOPICAL SECTION OF THE ACADEMY OF NATURAL SCIENCES.

February 3, 1873.

DIRECTOR W. S. W. RUSCHENBERGER, M.D., in the chair.

PRESENT—Drs. Tyson, I. Norris, J. G. Hunt, W. L. Wells, Holt, McQuillen, B. H. Coates, and Richardson, and Mr. Corlies.

Dr. JAMES TYSON read a paper on the "Microscopic Study of Blood and Epithelium," giving full details of the methods now employed in England and on the continent for the investigation of these important structures, and illustrated by experiments demonstrating the mode of producing hæmin-crystals.

Dr. J. G. HUNT remarked that, although this sanguinary subject had been troubling the minds of physicians for some two hundred years, it was probable that even now some of the gentlemen present would not be able to agree with others in regard to the structure of the blood-corpuscles. In difficulty and comparative inutility it somewhat resembled the much-vexed Diatom question; and yet he, the speaker, must plead guilty of having spent some time in these investigations. Quite recently, in examining the blood of a frog, he had seen the nucleus (which, by the way, is a post-mortem change, and never seen in living corpuscles whilst circulating in the vascular system of the reptile) make its way through the protoplasm of the disk, and migrate some distance beyond the margin of the latter, when it appeared under a power of one thousand diameters to be surrounded by a homogeneous vesicle about the size and shape of the rounded corpuscle from which it seemed to escape. This delicate vesicle was so very hyaline that even with a high power it required the most careful manipulation of light for its satisfactory demonstration. At the conclusion of his remarks Dr. Hunt exhibited and compared the absorption bands produced in the spectrum by blood, a solution of magenta, and one of chlorophyll.

On motion, Dr. Tyson's paper was referred to a committee composed of Drs. J. G. Hunt, Isaac Norris, and Richardson.

Dr. J. G. RICHARDSON observed that there was one point in his friend Dr. Tyson's excellent paper which did not fully accord with the results of his own investigations, and that was the statement that the red blood-corpuscles finally disappear when acted upon by water. In certain experiments undertaken some years since in order to test the assertion of Prof. Beale that the red blood-globules are homogeneous drops of jelly-like matter, he had allowed ten drops of blood from his finger to fall into two fluidounces of pure water, and, after stirring up the mixture, had found at the end of twelve hours, at the bottom of the vessel, a whitish flocculent deposit, which under a high magnifying power was seen to be composed of red corpuscles decolorized and rendered spherical by the action of the aqueous fluid. These continued visible for three days, at the end of which time they became obscured by the development of Bacteria; but at a subsequent period he repeated the experiments, slightly altered to prevent the disturbance of the investigation by the growth of fungi. This modification consisted in adding to the water employed a small quantity of carbolic acid, under the influence of which the liquid was preserved free from fungi, and the decolorized corpuscles were distinctly visible, almost unaltered, at the conclusion of thirty days; so that it could hardly be said that they disappeared under the action of water, at least in this instance.

Dr. J. H. MCQUILLEN mentioned that he had observed the appearances, in frog's blood under the influence of alcohol, ether, etc., as described by Dr. Hunt, as long ago as 1868, and in examining recently some specimens mounted at that time he had been pleased to find that the corpuscles retained their shape and general characters in a good degree. He had never been able to detect in human blood the change from a biconcave to a biconvex shape, said by Mülder to occur in the de-arterialization of the blood, and to be the cause of the alteration of color from a bright red to a dark purple hue. He would like to inquire whether the recent improvements in the micro-spectroscope enabled us to absolutely distinguish venous from arterial blood, and also what acceptance Prof. Beale's views of the homogeneous nature of the red blood-corpuscles received from the histologists of Germany.

Dr. HUNT stated in regard to the form of the human red blood-disks that he had repeatedly examined them as opaque objects under a power of one thousand diameters when illuminated by Wenham's truncated parabola, which rendered them distinctly visible, but deprived them entirely of all appearance of a biconcave shape.

Dr. W. LEHMAN WELLS suggested that, in order to test the asserted biconvexity of the corpuscles in venous blood, that fluid should be removed, and preserved during the entire examination, in an atmosphere of carbonic acid, since the oxygen of the air would almost immediately alter their outline, and thus vitiate the results of the experiment, unless precautions against its access were employed.

Dr. TYSON observed that Brücke and Stricker admit

the presence, in the human red blood-disk, of two different substances, which they denominate respectively oekoid and zooid; the former of these two constituents being a frame-work which does not really dissolve in water, but becomes invisible to low powers and any but very careful illumination; whilst the latter is freely soluble in water in all proportions. As to the doctrine of the vesicular nature of the corpuscles, he thought it was disputed by most German histologists of the present day. In reply to Dr. McQuillen, he remarked that he had always doubted the hypothesis of Mülder, on account of his repeated failure to detect any foundation for it on microscopic examination, and he thought the change in hue was now much more satisfactorily explained by Stokes, who has recently demonstrated by the micro-spectroscope that we can produce from the purple cruorine of venous blood the scarlet tinge of the arterial fluid by more highly oxidating this coloring-material, and conversely reproduce the dark tint of the venous current by deoxidating the cruorine.

Dr. RICHARDSON stated that although the micro-spectroscope was undoubtedly the most delicate test for blood, yet, since it afforded no clue to the animal from which the blood was derived, he thought that for the purpose of distinguishing blood-stains in criminal trials an investigation of the size and shape of the corpuscles with high powers was practically much more valuable, especially as he had shown that the corpuscles of human blood could be discriminated from those of most of the animals used for food, such as the sheep, ox, and pig, in a particle of dried blood-clot not weighing over $\frac{1}{12000}$ of a grain (see *American Journal of the Medical Sciences*, July, 1869).

Dr. TYSON asked whether testimony respecting the size of the corpuscles, founded upon observations made on such an extremely minute fragment of blood-clot, would be accepted in a court of law.

Dr. RICHARDSON answered that if there was any difficulty about a case on that score he thought he could take his microscope into court and satisfactorily demonstrate to an intelligent jury the obvious differences which exist between the average diameter of the corpuscles of an ox, a sheep, and a human being, when sufficiently magnified with a powerful objective.

Dr. HUNT thought that such variations in the size of the red globules occur in individual specimens of blood that he would not feel justified in testifying to the origin of the fluid from the measurement of its colored disks.

Dr. RICHARDSON replied that although a few corpuscles in each specimen of blood did vary from the average diameter of their companions, yet when proper precautions against the evaporation of the liquor sanguinis were used, the large majority of the red disks (ninety-eight or ninety-nine out of a hundred) were so uniform in magnitude that practically he had found these comparatively rare deviations from a standard size not to embarrass the investigation.

Dr. HUNT remarked that, whilst the examination of blood-stains might occasionally be useful in murder-trials, most of our researches into the microscopic appearances of blood as well as other tissues of the body were valueless because made upon structures altered, perhaps utterly changed, by death. Hence all our so-called histological investigations were only pathological ones, and taught us absolutely nothing of the powers and properties and processes of living bodies. He believed that the finding of some method to bridge over the *hiatus* between our knowledge of dead blood, for example, and our knowledge of the nature of blood alive in its vessels, was a grand desideratum which still remained to be accomplished.

Dr. TYSON replied that he had no doubt all these various researches would ultimately prove useful, although we could not at present see any direct advantages accruing from the expenditure of time upon them. The beautiful vegetable specimens of Dr. Hunt were undoubtedly of dead matter, and yet, thanks to his laborious and pains-taking modes of preparation, they gave every one clear ideas of the structures under investigation.

Dr. RICHARDSON added that it seemed to him that a first and most important span of this desirable bridge over the hiatus complained of by his friend Dr. Hunt, had been thrown by Prof. Cohnheim in his famous experiment upon the mesentery of a curarized frog, during which the white blood-corpuscles can be seen to accumulate on the inner surface of the smaller blood-vessels when a partial stasis of the blood-stream occurs as the first step of inflammation, and then gradually work their way by their amœboid movement, doubtless, through the stomata between the endothelial cells, until they appear outside the vascular walls, when they constitute, in part at least, the leucocytes of pus.

Dr. HUNT admitted that the experiment last referred to was an investigation upon living blood in its living tissues; and exhibited a very ingenious improvement of the deep glass cell for holding small fish, tadpoles, etc., during examination.

REVIEWS AND BOOK NOTICES.

A HANDBOOK OF POST-MORTEM EXAMINATIONS AND OF MORBID ANATOMY. By FRANCIS DELAFIELD, M.D., Curator to Bellevue Hospital, Pathologist to the Roosevelt Hospital, etc. New York, William Wood & Co., 1872.

A treatise of this kind, to be complete, must cover a great deal of ground. The volume before us does not claim to be exhaustive, but "is intended to serve as a guide for those persons who may be called upon to perform post-mortem examinations. For most physicians this call is only an occasional one: so they may feel the need of some handbook to which they may refer." It strikes us, however, that such physicians require more minute and detailed directions for their guidance in making these investigations than they will find in this volume, and as a book of reference on pathology it is not sufficiently thorough and complete.

For example, in the directions for opening the skull we are told to "make a circular incision from a point three and a half inches above the root of the nose, behind to the occipital protuberance." No instructions are given for preventing displacement of the calvarium when it has been restored to its position after the examination is concluded. This displacement is almost sure to occur when a circular cut has been made, and the deformity thus caused is very objectionable to the friends of the deceased. The plan adopted abroad of inserting small brads into the diploë keeps the parts in perfect and firm apposition.

It is advised to immerse eyes, as soon as removed, in "Müller's fluid;" but what the composition of this preservative is, the physician is left to find out from some other source.*

No mention is made of emphysema of the liver, which, although a rare lesion, has been sufficiently often met with to make one expect to find some allusion to it here. Frerichs, in his work on Diseases of the Liver (Syd. Soc. translation, vol. ii. p. 369), has written a chapter on the subject, and in the number of this journal for October 5, 1872, there is a lecture, by Dr. J.

* The formula for Müller's fluid is as follows: R Potassæ Bichromat. gr. lxxv., Sodæ Sulphat. gr. xxv., Aquæ fld. oz. vi. M.

Forsyth Meigs, on a case in which this lesion occurred in the course of typhoid fever.

The work is divided into four sections. The first gives the method of examining the bodies of adults and new-born children, and includes a brief description of the anatomy of the internal organs.

The second part is a general consideration of morbid anatomy, and occupies the greater portion of the book.

The third part gives the lesions found in some of the general diseases, as typhoid and typhus fever, sunstroke, pyæmia, etc., the lesions after drowning, poisoning, suffocation, and other forms of violent death.

We may remark here that there is no statement made as to the condition of the heart after death from sunstroke. Observers have differed on this point: one of the latest, Dr. H. C. Wood, found the heart rigidly contracted, while others have stated that it is flabby and dilated, after death from this disease. The fact seems to be that the condition of the heart depends upon the length of time after death that the examination has been made, the organ being at first contracted, but after a few hours becoming relaxed.

The fourth section treats of tumors, in the classification of which the author follows Virchow, as do most of the pathologists of the present day.

As a whole, the book is good, being concise and accurate; and, although we have felt called upon to point out some of the deficiencies we have noticed, it is evident that the author is thoroughly conversant with his subject, and has compiled a work that will be useful and convenient to many. The portion relating to new growths in the different organs has been particularly well done. The value of the work would have been greatly increased by references to authorities.

THE PRACTICE OF SURGERY. By THOMAS BRYANT, F.R.C.S., Surgeon to Guy's Hospital. With Five Hundred and Seven Illustrations. 8vo, pp. 984. Philadelphia, Henry C. Lea, 1873.

In his preface, the author says that the London publishers (Messrs. J. & A. Churchill) invited him to write a work on the Practice of Surgery, "under the impression that there was room for a new text-book on the subject." And no doubt not only did they know the existing state of their market, but the shrewd republisher in this country was equally well aware that his enterprise would be rewarded. This might seem strange to non-professional persons, who cannot be familiar with the many phases in which medicine and surgery present themselves to the experience of different men. Mr. Bryant's book gives the results of his many years' service as surgeon at one of the largest London hospitals, and as such is a valuable addition to our literature. His title seems to us somewhat inadequate, as he has embodied much of the theory of the science with his practical instructions.

We cannot, in the space at our command, go into anything like an analysis of this work. An examination of it has convinced us of its practical character, and of the wide range of its author's reading; while a merely superficial glance would perceive the many new and good illustrations and the handsome mechanical execution, which enhance its claims upon our favor.

Some specimens of careless writing we cannot but note. Thus, in regard to scalds of the larynx, it is said that "this somewhat common accident is doubtless engendered amongst the poor by the habit of feeding their children out of a teapot." Again, in speaking of tracheotomy, "As the result of hurry, many are the mistakes that might be enumerated, such as wounding of the innominate or carotid artery, the opening of the œsophagus through the trachea, the puncturing of the spine through both these tubes," etc. We should say these "mistakes" were due either to flurry,—a different thing from hurry, and a far worse,—or to want of anatomical knowledge or of practice on the dead subject. Again, two lines farther on, "the different points in the neck are then to be made out, and the presence of any large vein in the line of incision looked for, and if present avoided."

These are but minor faults. We take graver exception to our author's use of the term *chancre* for all primary venereal sores; thinking that the soft sore is far better named *chancroid*, and that for practical purposes the making of an "intermediate class" of sores is unnecessary, while it is confusing to the student.

Upon the whole, and we repeat it because we think Mr. Bryant has met with rather harsh treatment from some of his reviewers, this book may be looked upon as a decidedly valuable contribution to surgical literature. It bears evidences of honesty and conscientiousness in its preparation, and of a basis of intelligent practical experience, which should secure it at least respectful criticism.

FISTULA, HÆMORRHOIDS, PAINFUL ULCER, STRICTURE, PROLAPSUS, AND OTHER DISEASES OF THE RECTUM, THEIR DIAGNOSIS AND TREATMENT. By WILLIAM ALLINGHAM, F.R.C.S. Eng.; Surgeon to St. Mark's Hospital for Fistula, etc.; Late Surgeon to the Great Northern Hospital. Second Edition. Small 8vo, pp. 265. Lindsay & Blakiston, Philadelphia, 1873.

We have been most favorably impressed by this book, having derived both profit and pleasure from its perusal, although its author apologizes for his rough style and his inability to write elegant English, in a preface which is attractive from its mere simplicity and earnestness.

A man may write well on scientific subjects, but hide his individuality under so thick a veil of formally constructed sentences that we have no acquaintance with him as a man, though we may fully understand his views upon the subjects of which he treats. This is too much the fashion of the day; and yet we think that those books will be longest read, even in medicine, which are less apathetically scientific and permit us to feel interest in the characters of their authors. We have been led into this digression by the freshness and energy of Mr. Allingham's preface, and must now speak of the book itself.

In the first chapter, our author treats of the best method of examining the rectum, for which object the lateral decubitus is recommended. We are told that in women, under the influence of an anæsthetic, it is possible, and in some cases advisable, to introduce the whole hand within the rectum and so investigate the state of the parts even up to the sigmoid flexure. The author adds that to do this a small hand is desirable, but does not inform us how a large-limbed surgeon is to obtain such a desideratum.

We would direct especial attention to the chapters upon fistula and hæmorrhoids, and to the method of plugging the rectum for secondary hemorrhage after operations upon the latter, as particularly valuable, and indicative of that thoroughness of treatment in the attention to practical details which appears to be one of the great merits of this author.

Mr. Allingham advocates a free incision in cases of fissure of the anus, as less liable in his experience to be followed by relapse than is the case when the sphincter is forcibly dilated or but superficially incised. He also narrates a few cases, which have occurred in his large experience, where a cure has been accomplished by the use of stimulating and sedative ointments combined with careful general treatment. Such cases must certainly be regarded as very rare exceptions to the rule.

In speaking of the fæcal accumulations which occur in the rectum, and the vast amounts which sometimes

come away, our author (p. 230) says he has seen "two or three chamber-utensils passed at one operation," which, to say the least, is very surprising! We presume it was, as an Irishman would say, "the full of two or three pots." Why is not pot as good a word as utensil, vessel, pot-de-chambre, *et id omne genus?* Why should we emasculate our mother-tongue, and cease to use a good, short, native word, substituting an inaccurate, long, foreign hybrid in its place?

While we might venture to differ with Mr. Allingham upon some minor points, we should do so with great diffidence in the face of the experience he has enjoyed, and the table of four thousand cases upon which his book is based. And we have no hesitation in saying that we regard this eminently practical book as one of the most valuable contributions to the stock of knowledge of rectal diseases with which we are acquainted, and as one which no practitioner at all interested in the subject can afford to be without. That this is also the verdict of the profession is evidenced by so early a call for a second edition, which is issued by the American publishers in a very neat and attractive form.

A Handbook of Therapeutics. By Sydney Ringer, M.D., Professor of Therapeutics in University College, Physician to University College Hospital. Third Edition. 12mo, pp. 576. New York, William Wood & Co., 1872.

The demand for a third edition of this work is evidence enough of the popularity which it has gained. It is a handy-book of reference with regard to the therapeutic qualities of most of the articles in the British Materia Medica; arranged, however, in a very unscientific manner, commencing with oxygen, water, peroxide of hydrogen, and continuing through the list of chemical agents, some of which are partially classified in groups; after which follow substances of animal and vegetable origin, some of a class sometimes in rotation, and sometimes not. Then there is a posological table from Dr. Garrod's Materia Medica; a dietary for invalids, containing some excellent receipts; an index of medicines, and an index of remedies. Without the two indexes one would be in a great quandary to discover in what portion of the book he might find the information he wanted; but, as they are quite full, they render the work convenient for reference.

Certain subjects, such as digitalis, belladonna, opium, and a few others, are discussed with a tolerable amount of detail; and some others, including nitrite of amyl, hydrate of chloral, physostigma, and carbolic acid, have fair consideration. The views expressed are in the main sound, and the facts reliable; but different subjects are occasionally interpolated, or brought into line in foot-notes in a manner to worry a methodical reader. The object of the work is excellent, and the fund of information it contains exceedingly valuable; but we think that if the author had only taken time to elaborate his matter in some more systematic manner, it would have been of much greater practical value. The style of composition is curt,—sometimes loose; long sentences are comparatively rare; the language is plain and rarely mistakable. Take the book all in all, it is a very good one in spite of its faults, and, like a ready-reckoner to the overworked accountant, will be found—barring too many typographical errors—a useful handbook for the busy practitioner. ***

The Philadelphia Medical Register and Directory. Edited by John H. Packard, M.D., Secretary of the College of Physicians of Philadelphia. Third Edition. 12mo, pp. 304. Philadelphia, Collins, 1873.

We gladly welcome the new issue of this little volume, which, while almost essential to the comfort of physicians practising in Philadelphia, contains much of interest to the profession at large, in the shape of condensed and official information about the many charitable institutions in which we feel a pardonable pride.

As in all books of the kind, errors have crept into this directory; but we cannot feel surprised at what appears to be necessarily incident to such an undertaking. This state of things will never be corrected until, in addition to the thorough system adopted of inquiries both by mail and canvassers, the profession in Philadelphia resolve upon a hearty and pains-taking co-operation with the editor in his labors. We regret to see that Dr. Packard has restricted his mortuary list to the city of Philadelphia, discontinuing the more extended series begun in the last edition, and that greater fulness has not been attained in this narrowed field. It appears to be superfluous to add more concerning a book so well known, and read of all men. We would only urge upon all, whose office-tables are not furnished with this little volume, the wisdom of providing themselves with a copy at their earliest opportunity.

BOOKS AND PAMPHLETS RECEIVED.

Medical Essays: Compiled from Reports to the Bureau of Medicine and Surgery, by Medical Officers of the U.S. Navy. Published by Order of the Navy Department. 8vo, pp. 367. Washington, 1873.

Burns and Scalds: Their Treatment, with Cases. Read before the Sacramento Society for Medical Improvement, January, 1872. By Joseph F. Montgomery, M.D. 8vo, pp. 24.

Ophthalmic and Aural Surgery Reports. By Julian J. Chisolm, M.D., etc. (Reprinted from the *Richmond and Louisville Medical Journal.*) 8vo, pp. 24. Louisville, 1873.

Eighteenth Annual Report of the Southern Ohio Lunatic Asylum, at Dayton, Ohio. By S. J. F. Miller, M.D., Superintendent. 8vo, pp. 43. Columbus, 1873.

Annual Report of the Mississippi State Lunatic Asylum for the Year 1872. By William M. Compton, M.D., Superintendent. 8vo, pp. 52. Jackson, 1873.

Geological Survey of Pennsylvania. By Prof. J. P. Lesley. 8vo, pp. 12, 1873.

GLEANINGS FROM OUR EXCHANGES.

Traumatic Rupture of the Urethra; Puncture of the Bladder above the Pubes; External Urethrotomy; Cure.—*Le Mouvement Médical* of August 31, 1872, gives the following résumé of a case reported in *L'Union Médicale* by Dr. Bousseau:

F., 52 years of age, received on the 13th of last February a kick on the scrotum. Immediately after the receipt of the injury, blood passed from the urethra, and continued to do so for six or seven days; this hemorrhage did not cease entirely until twelve days subsequently. Three weeks afterwards, urine could only be voided in drops and with effort. Rupture of the urethra and contraction from cicatricial tissue had evidently occurred.

The patient was admitted into the Hôpital de Cholet on the 29th of March. The bladder was distended above the pubes, and the most powerful straining resulted only in the expulsion of a few drops of urine. M. Bousseau tried in vain for six days to pass the

stricture with filiform bougies, and then decided to perform the operation of external urethrotomy.

The operation was done with the assistance of Drs. Maudet, Cancalon, and Lorin. When the patient was placed in the required position, a grooved sound was introduced into the urethra as far as the anterior part of the stricture, and an incision was made in the perineum down to the extremity of the instrument. The lips of the wound being held apart, the surgeon endeavored to find the canal, but the search was attended with negative results. The incision was extended, but it was impossible to find the urethra. M. Bousseau than abandoned the first operation, punctured the bladder above the pubes, and fixed a gum catheter in the wound. The condition appeared most critical.

Four days after the performance of this operation the surgeon introduced a metallic sound with a large curvature into the bladder through the wound in the hypogastrium. The index-finger introduced into the wound served as a guide for the discovery of the neck and the extremity of the sound. There only remained about a centimetre (one-third inch) of fibrous tissue to divide in order to expose the sound. An elastic catheter was afterwards introduced into the urethra through the penis, and was made to come out in the perineum. It soon became possible to pass the catheter into the bladder and to fix it in position. No symptoms of any consequence ensued; the hypogastric fistula closed in four or five days, and the urine soon took its normal course.

M. Bousseau has undoubtedly given proof of his dexterity, and his efforts have been crowned with success.

The case shows us how difficult it is to perform the operation of urethrotomy without a guide. Would it not be more prudent, as M. de Méric of London has remarked, to puncture at once the bladder through the rectum, and to leave the re-establishment of the normal course of the urine to further procedures?

Could not the bladder be emptied by a capillary trochar, assisted by the aspirator, an operation which has been shown to be trifling in character?

CHLORAL-UREA—ITS INFLUENCE UPON THE ANIMAL ORGANISM (Langaard: quoted from *Centralblatt für Med. Wiss.*, No. 42, 1872).—At the suggestion of O. Liebreich, Langaard has investigated the assertion of Jacobsen concerning the union of chloral with urea. There are two forms: one almost insoluble in water and alcohol, but easily soluble by heat; the other, even in boiling water, almost insoluble. The first is represented by the formula (C_2HCl_3O, CoH_4N_2;) the second by ($[C_2HCl_3O]_2$ CoH_4N_2). Both of these are decomposed by alkalies—but more slowly than chloral hydrate, especially the insoluble form—into chloroform, formates, ammonia, and carbonates; the insoluble form, however, may remain in a strong solution of potash for hours, at the ordinary temperature of a room, without being completely decomposed.

Small doses administered by the stomach, in quantities varying from 0.5 to 0.75 gramme, have scarcely any hypnotic influence. Equal or somewhat greater doses, administered hypodermically, have a hypnotic influence in about one hour. Larger doses (2.5 grammes) injected gradually into the stomach produce very apparent drowsiness without anæsthesia, but have proved fatal, with symptoms of slow pulse and irregular respiration. Post-mortem examination showed the left ventricle to be almost empty, and the right ventricle distended at the vestibule; in the urine of the bladder chloral-urea was detected. Two-gramme doses in solution introduced into the stomach produce, in about one hour, long-continuing sleep. Anæsthesia accompanying sleep is produced by the introduction of the fatal dose of four grammes into the stomach. In such cases anæsthesia occurs in half an hour, and death in seven hours. Both ventricles are then found dilated, and in the bladder a little urine is discovered which contains principally chloroform. The hypnotic effect of small subcutaneous doses (0.5 gramme) may be accelerated by the introduction of two grammes of carbonate of soda into the stomach one hour before they are administered, sleep without anæsthesia being produced in fifteen minutes. If in the same animal the injections are continued, so that in two hours it receives two grammes of chloral-urea, anæsthesia is soon perceived, and at the same time irregularity and weakness of the heart ensue, and its action ceases in thirty hours. In these cases the post-mortem examination revealed a dilatation of the ventricles and vestibules. In the scanty urine of the bladder neither chloral-urea nor chloroform could be detected. The insoluble modification works with much less intensity in the presence of an alkaline solution than the one already described.

ENLARGEMENT OF THE CERVICAL GLANDS DISAPPEARING DURING AN ATTACK OF ERYSIPELAS (*Le Mouvement Médical*, November 16, 1872).—N., 74 years of age, was admitted into the Hôpital Saint-Antoine (service of M. S. Fereol) on the 6th of July. In April, after an attack of deafness, the patient observed an enlargement of two glands on one side of his neck, and afterwards on the other. They increased rapidly in size, and soon the neck appeared to be continuous with the thorax. Œdema followed, but it was confined to one side of the neck. Attacks of hæmoptysis occurred, and were attributed to the presence of varicose veins in the œsophagus and trachea, a diagnosis rendered still more probable by the existence of enlargement of the veins at the base of the tongue. The circumference of the neck varied between 50 and 53 centimetres. During the last days of the patient's life, before the occurrence of the fatal complication, it had attained 57 centimetres. Erysipelas of the right arm developed and rapidly assumed a gangrenous form. Two days after its onset it was observed that the enlargement of the glands had almost entirely disappeared. The patient died two or three days after the occurrence of the erysipelas.

The glands were found, at the autopsy, to be less voluminous than when observed during life, but of greater size, however, than was anticipated. On opening the internal jugular vein, two tumors were found; they were of the size of a bean, and were continuous with the external tumors. The calibre of the vein was obliterated by them.

The glandular tumors were slightly adherent to the skin, which was itself somewhat attenuated. Section of the skin of the arm revealed œdema of the cellular tissue, and the presence of small tumors, which, when enucleated, left small cavities behind. Examination of the blood did not show any increase in the proportion of the white disks.

According to M. Castiaux, the skin is not adherent in simple adenitis. M. Malassez, however, states that this does not always occur, for he has found the skin in some cases very tightly adherent to the tumors, and even ulcerated.

ANEURISM OF THE LEFT VERTEBRAL ARTERY—RUPTURE—GRADUAL HEMORRHAGE BENEATH THE MENINGES (by A. Sevestre: *Le Mouvement Médical*, October 12, 1872).—A man, 45 years of age, after an indescribable attack of sickness, was taken in the early part of September with cephalalgia and lumbar pain. During the first twelve days of his illness he was able to attend to his work.

Finally, a second attack occurred, and was followed by paraplegia. Two days afterwards the power of

motion was partly restored, and when the patient came under the care of M. Jaccoud, in the Hôpital Lariboisière, paresis alone remained. The patient was able, with some difficulty, to stand erect. The urine contained neither albumen nor sugar. The heart-sounds were normal. On inquiring into the previous history of the patient, it was found that he had had a chronic urethritis, accompanied by sore throat, and an eruption upon the body. The diagnosis, based principally upon these latter phenomena, was that of cerebral tumor of syphilitic origin, and a tumor, probably, of the spinal cord in the lumbar region. The patient was treated with the iodide of potassium.

Other attacks ensued, and on the 27th of September there occurred a marked amelioration of the symptoms, the patient being able to get out of bed and walk about. On this same day a new attack carried him off suddenly. At the autopsy, blood was found effused beneath the membranes at the base of the brain and into the fourth ventricle; hemorrhage had also occurred around the dorsal and lumbar portions of the cord. The cause of the hemorrhage was the rupture of a sacciform aneurism of the left vertebral artery.

A hasty examination failed to reveal the presence of other aneurisms, either in the brain or membranes of the cord. There was no atheromatous degeneration of the vessels. M. Sevestre thinks, from the course of the symptoms, that the hemorrhage occurred gradually. The sudden death may be explained by the effusion of blood into the fourth ventricle.

Inflammation of the Penis (by M. Demarquay: *Le Mouvement Médical*, August 31, 1872).—Suppuration of the corpora cavernosa is of very rare occurrence: hence the following case, communicated by M. Demarquay to the Chirurgical Society, is of practical and scientific interest. X., 38 years of age, was admitted into the Maison de Santé on the 17th of April, 1872. He was a man with a constitution impaired by four attacks of acute blennorrhagia, the last one having occurred seven years previously. Several weeks before his admission the patient was taken with retention of urine and tenesmus, and at the same time a small tumor formed in the perineum in front of the anus. It suppurated, and was incised; but subsequently a swelling occurred behind the bulb. M. Demarquay diagnosticated an abscess originating in the glands of Cowper. The parts involved were freely incised, but complete cicatrization did not take place, and urine occasionally escaped from the wound. On the 1st of June the skin of the inferior surface of the penis became red, tender, and painful, and on the 5th the organ had increased to an enormous size, and looked as if it was in a state of erection. The sensation imparted to the touch was that of hardness rather than of puffiness; pressure caused a moderate amount of pain. M. Demarquay made the diagnosis of inflammation of the penis.

General symptoms of a very grave character occurred two days subsequently, and the patient died on the 10th of June. The following is the result of the autopsy:

Corpora cavernosa.—On the left side the changes are most manifest in the middle part, which is the seat of a collection of pus.

On the right side the lesions are pretty much the same, but the amount of pus is not so great.

Urethra.—The mucous membrane is injected; in the sub-mucous tissue, near the bulb, there is a collection of pus; the postero-lateral parts of the canal, about four centimetres behind the glans, are dissected up by an abscess; the bulb is infiltrated with pus in the same manner as the corpora cavernosa.

Localization of Brain-Functions (*British Medical Journal*, October 19, 1872).—Meynert, one of the ablest of the modern students of the anatomy of the nerve-centres, has sought, by combining phrenological with clinical and pathological observations on the functions of the cortical layer of the cerebral hemispheres, to define to some extent the localization of the different functions in the gray matter of the cortex. He distinguishes five special functional centres. 1. The olfactory lobe or nerve, which, highly developed in animals well gifted with the power of scent, is almost atrophied in man, less highly endowed in this respect. 2. The walls of the fissure of Sylvius. These are in intimate relation with the power of speech, as is found in aphasia, which is the consequence of changes in them. 3. The occipital and temporal lobes. Anatomy shows the relations of these parts with the organs of the senses,—the retina, labyrinth, and olfactory nerve. In cases of blindness and deafness rapidly developed, these lobes are the seat of evident alterations. The experiments of Flourens on the ablation of the cerebral lobes support this theory; for, if but little of the substance be removed, the senses are not much affected; but if the ablation be carried deeper, the sensorial functions immediately cease. 4. The frontal lobes. These lobes are the principal seat of motor excitation, as is shown by their anatomical relations with the corpora striata. Besides, in the forms of psychoses which are accompanied by extensive disorders of the motility (general paralysis) these are the most atrophied of all the parts of the brain. The continued need of movement, the agitation of mania, are equally based upon change in the frontal lobes. 5. The cornu of Ammon. This organ plays an important part in the functions of motility, and almost always presents, in epilepsy, conditions of atrophy or sclerosis.

Hops as an External Application (*Druggists' Circular*).—If possessed of any virtue as an anodyne, and popularly hops have great reputation as such, the effect is best obtained by *steaming* a muslin bag full of them, on the side to be applied to the body, until quite soft and damp,—not wet.

The ordinary method of wringing out in hot water wastes all the strength of the hops, and makes a nasty mess.

Another Anæsthetic (*Journ. of Pharm.*; from *Wittstein's Viertelj.*, No. 95, 1873).—*Iodal* ($C_4HI_3O_2$), discovered by Aimé more than thirty years ago, which is obtained by acting upon iodine with a mixture of absolute alcohol and concentrated nitric acid, is recommended by Guyot as an excellent anæsthetic, in doses of one to two and a half grammes. It is a colorless oily liquid, resembling chloral in odor; boils at 25° C., and is decomposed by alkalies into iodoform and formic acid.

MISCELLANY.

Anecdote of Hippocrates (*British Medical Journal*).—Dr. Warburton Begbie, in a recent inaugural address before the Royal Medical Society of Edinburgh, after discussing the reasons for and against the belief that Hippocrates was a witness of the great Athenian plague, says,—

"One other circumstance in the life of Hippocrates is mentioned by Soranus,—namely, his refusal to go to the court of Artaxerxes (surnamed Longimanus) when invited to pay a professional visit. This story, as it has reached us, is as follows. Persia happened to be ravaged with the plague. The governors of Asia

Minor wrote to Artaxerxes to inform him of the high reputation of the Coan physician. The king, in replying, desired the governors to make the most liberal offer, in order to induce Hippocrates to visit his vast dominions. The governors forwarded the letter of the king, and, in doing so, promised in his name every reward and honor which he could wish for or at all desire. The physician, however, refused, and returned answer in these striking words, which, to use the language of a modern French writer, ought to be engraved on the memory of all those of his successors who can think and who can feel. 'I have in my own country the food, the clothing, and the habitation I require. As a Greek, it would be unworthy of me to aspire to the riches and grandeur of the Persians, and to serve the foes of my country and of liberty.' This haughty and memorable answer nearly plunged Hippocrates into trouble; but, when demanded by Artaxerxes to deliver him up, in order that punishment for his insolence might overtake him, the inhabitants of Cos dared the great king, and refused to deliver up a fellow-citizen of whom they had so much reason to be proud, and to whom they owed so much. The firmness of the attitude which these patriots assumed, and the unity by which at that time the different Grecian states asserted their common independence, averted in all probability a Persian invasion, which at first appeared to be all but imminent. Now, in regard to this story, just as respects the one already mentioned of the Greek plague, Dr. Ackermann, in his account of Hippocrates in Fabricius, *Bibliotheca Græca*, Dr. Henderson, and other modern scholars, affect to treat it with disbelief; why or wherefore they do not very clearly state. As opposed to this view, we have the opinions of the accomplished Cabanis and of Dr. Adams, who, while readily admitting that the letters in the Hippocratic collection which relate to this story (these are from the first to the tenth inclusive) can scarcely be received as genuine, find no proof that the event upon which they are made to turn is also devoid of truth. It is evident, indeed, that the ingenious and shrewd French author to whom I have alluded attached very considerable credit to the anecdote, for he has quoted it in both of his well-known works, offering the following apology for the repetition: 'I have already cited it in my essay *Sur la Certitude de la Médecine*, but may perhaps be allowed to repeat the quotation at a time when certain writers seem to be using their utmost efforts to stifle all free and generous sentiments.'"

New York Academy of Medicine.—At the stated meeting of the New York Academy of Medicine, Dr. Austin Flint, President, in the chair, held February 6, 1873, Dr. William B. Lewis, late of New York City, was elected a Non-Resident Fellow. Drs. T. Gaillard Thomas, E. R. Peaslee, James Anderson, Jerome C. Smith, and W. M. Chamberlain made remarks concerning the death of Dr. James L. Brown, a Resident Fellow, and a rising gynæcologist, who died February 4, 1873, from pneumonia, after an illness of three days, aged forty-two years. A committee of three, appointed by the chair, consisting of Drs. Thomas, Chamberlain, and Smith, reported appropriate resolutions, which were unanimously adopted.

At the last meeting of the Council of the Academy, Bradford S. Thompson, M.D., of New York City, was elected Statistical Secretary of the New York Academy of Medicine for five years.

"Settling" a Bill.—The following, from a secular paper, seems to us to have a strong touch of nature in it: "In Texas, recently, a doctor rode fifty miles to attend a patient. After he had cured the patient he presented a bill for fifty dollars, and proceeded to complete his preparations for the journey back to the post, thinking no more about the matter. As he was about to mount, the patient's husband put in an appearance, with his trusty rifle in his hand. 'Doctor,' said he, 'I reckon we'd better settle this here matter now;' and, taking him aside, 'You wa'n't agoin' off without a settlement, was you? I don't want to owe no man nothin'. Here is a ten, which I reckon is about the squar' thing. Now, if you ain't satisfied, just get your weepon and come 'round behind the hill thar, so's the old woman won't be riled up, and we'll settle it. I don't want no man to go 'way from my house dissatisfied, 'specially you, Doc.'"

Ventilation and Warming.—In a lecture on ventilation, lately delivered before the Franklin Institute, Mr. L. W. Leeds, after detailing the abominations he encountered in his examination of the ventilating arrangements of the Treasury building at Washington, gives the following practical directions concerning provisions for ventilation and warming in the construction of buildings. First, never have long underground fresh-air ducts. Second, never allow a sewer, soil-pipe, foul-air flue, or smoke-flue, to come near the fresh-air supply-flue, for fear of some connection being made between them by carelessness or accident. Third, never heat a building exclusively by currents of warm air. Fourth, always put the heating-flues on the outside walls instead of on the inside walls. Fifth, endeavor strenuously to avoid the fresh-air chamber becoming a common receptacle for all the rubbish of a filthy cellar.

Association of French Army Surgeons.—The *British Medical Journal* of December 21, 1872, says, "The medical officers of the army of Paris and Versailles have formed a society. It was first instituted as a club to maintain union and a spirit of confraternity among the members of the sanitary service, but has grown into a society, in which professional interests and questions relating to the special position of the military surgeon are made the subjects of written or oral discussions. The name of 'reunion' has been given to it (in place of its former title of club): the meetings are held every Friday. The society has as its organ the *Bulletin Médical Militaire*, which is published as a supplement to the *Bulletin de la Réunion des Officiers*,—

an evidence of good feeling between the combatant and the medical branches of the service."

THE *Lancet* of January 25 says that, "true to his loyalty to the medical art, the late Lord Lytton, in a document addressed to his legal representatives, stipulated that after death, or presumed death, his body should lie untouched three days on the bed on which he died; and that thereafter medical men should examine him to ascertain that he was really dead, and, if so, to certify accordingly. The profession will see with satisfaction that his lordship will receive the honor of interment in Westminster Abbey."

DEALING WITH LUNATICS.—The *Lancet* humorously says, "In view of the cruelties recently perpetrated in lunatic-asylums upon helpless inmates, the recommendation of the late Mr. Charles Buxton must to many appear to be a humane one. This gentleman advised that all insane persons 'should be comfortably shot;' and, with a thoughtful concession to the privileges of the clergy, he added, 'I would have it done with the utmost decorum; perhaps by the bishop of the diocese.'"

NASSAU.—This place, on the island of New Providence, offers great inducements to invalids in search of a mild and equable climate; while we are informed that the hotel is an excellent one. Dr. S. Conant Foster, formerly a well-known and highly-esteemed physician in New York City, himself needing the benefits of a southern climate, removed to Nassau a few months since, with the view of engaging in practice there.

PROFESSIONAL RISKS.—It was stated in the memoir of M. Guersant, read before the Surgical Society of Paris, that that eminent surgeon contracted syphilis through a wound in his finger received while operating upon a patient affected with that disease, and that his death was the ultimate result of the constitutional infection so produced.

THE fatal termination of the illness of Mr. Baker Brown, of London, is announced.

THE late eminent Dr. Louis, of Paris, left a legacy to the Medical Association of the Seine, which will add over three hundred dollars a year to the income of that body. It is strange, certainly, that bequests of this kind are so rare, since they would in many instances be greatly to the advancement of science.

CURIOUS DECISION.—We see by the daily papers that the Second Comptroller at Washington decides that a soldier discharged for varicocele, resulting from an injury, is not entitled to the one hundred dollars bounty under the act of March 3, 1863. He also decides that varicocele is not an injury.

COMMENCEMENT.—The Seventeenth Annual Commencement of the Pennsylvania College of Dental Surgery is to be held at the Academy of Music on Saturday evening, March 1, at eight o'clock. The address to the graduates will be given by Dr. Mears, Professor of Anatomy and Surgery.

IT is proposed to revive the *Charleston Medical Journal and Review*, as a quarterly of eighty octavo pages. We presume Dr. F. Peyre Porcher, whose name is signed to the prospectus, will be the editor. A list of well-known and efficient collaborators is given as pledged to his support.

DR. ISAAC S. MULFORD, long a practising physician and a man of much influence in Camden, N.J., died February 17, aged 73.

MORTALITY OF PHILADELPHIA.—The interments reported at the Health Office for the week ending February 22, 1873, were 303; 163 adults, and 140 minors. 10 were of bodies brought from the country; making the mortality of the city 293. Among the causes of death were:

Consumption of the Lungs	58
Other Diseases of the Respiratory Organs	55
Diseases of the Circulatory Apparatus	13
Diseases of the Brain and Nervous System	52
Diseases of the Digestive Apparatus	14
Zymotic Diseases (2 from Smallpox)	22
Typhoid Fever	3
Casualties	9
Cancer	5
Intemperance	2
Debility (including "Inanition" and "Marasmus")	23
Still-born	16
Old Age	17

(The interments reported for the week ending February 24, 1872, were 484.)

THE meteorological record kept at the Pennsylvania Hospital was as follows:

	THERMOMETER.		BAROMETER.
	Max.	Min.	(2 P.M.)
Feb. 16	37.0°	31.0°	29.99 in. (Snow and Rain.)
" 17	41.5	35.0	30.15 in.
" 18	47.0	31.0	30.38 in.
" 19	43.5	35.0	30.13 in.
" 20	41.0	33.0	30.29 in.
" 21	39.0	31.0	30.50 in. (Heavy Rain.)
" 22	30.0	20.0	29.97 in.

DEATH OF DR. HUGH L. HODGE.—As we go to press (Feb. 26), we learn of the sudden death of this venerable member of the Philadelphia profession, which occurred this morning. None of the particulars are as yet known to us.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM FEBRUARY 18, 1873, TO FEBRUARY 24, 1873, INCLUSIVE.

VOLLUM, E. P., SURGEON.—Granted leave of absence for thirty days, in lieu of twenty days' leave granted by S. O. 113, of 1872, from these headquarters, of which he did not avail himself. S. O. 25, Department of the Platte, February 15, 1873.

BILL, J. H., SURGEON.—Leave of absence extended thirty days. S. O. 30, War Department, A. G. O., February 8, 1873.